



All Children Safe at Home

FACILITATOR'S RESOURCE GUIDE & SUPPLEMENTAL MATERIALS

A training on recognizing and responding to abuse of children with disabilities. For foster parents, residential service providers, and other stakeholders.

SAFE | stop abuse for everyone

A merger of Austin Children's Shelter and SafePlace

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SAFE – All Children Safe at Home Facilitator's Resource Guide & Supplemental Materials

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Address inquiries to:

The SAFE Alliance
Disability Services Director
P.O. Box 19454, Austin, TX 78760

disabilityservices@safeaustin.org

512.267.SAFE

For Deaf people of all identities,
please use relay/VRS

Disclaimer

This Facilitator’s Guide and PowerPoint curriculum is expressly indicated for educational purposes. It does not provide advice regarding medical, psychiatric, or educational diagnosis or treatment for any individual child and is not meant as legal or clinical advice. The information of this website is compiled from a variety of sources, including, but not limited to, experiences of The SAFE Alliance staff and several CJA Project Advisory Committees. The SAFE Alliance does not endorse any specific agency, organization, product, service, or other resource listed in this manual. Such resources are included for informational purposes only. The SAFE Alliance assumes no responsibility for claims, warranties, views, or opinions of any manufacturer, company, services, or individuals listed in the manual.



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All Children Safe at Home

Facilitator's Guide & Supplemental Materials

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Acknowledgments

Disability Services of SAFE, a merger of Austin Children’s Shelter and SafePlace, developed this curriculum with funding from the Children’s Justice Act – Texas Center for the Judiciary.

We are grateful to the Texas Center for the Judiciary for recognizing and addressing the high rate of abuse and neglect against children with disabilities, and for making it a priority to increase access to the criminal justice system for all children through projects like this. We thank Heidi Penix, CJA Program Director, and Steve Geiser, CJA Grant Administrator, in particular for their support and recognition of the importance of this work.

The PowerPoints and Facilitator’s Guide were developed and tested by Dianne King, Technical Writer, and by Leslie Fierro, Education and Training Coordinator, both of SAFE’s Disability Services program. They were edited by Michelle “Shell” Schwartz, Director of SAFE’s Disability Services, and by Megan Morgan, Disability Services Project Coordinator and Educator.

The following project partners devoted staff time, commitment and insights by participating in focus groups and providing feedback during pilot trainings:

- foster support staff and foster families from DePelchin Children’s Center in Houston
- residential service and management staff of Hope House of Austin in Liberty Hill
- SAFE’s foster and adopt program staff, residential Children’s Shelter staff, and foster families

The development of this training was informed by:

- Four focus groups and two interviews with 35 foster parents, foster support staff, and residential staff and supervisors to gather input on content and training needs
- A statewide survey about training needs
- Four pilot trainings conducted with residential staff at DePelchin Children’s Center in Houston, SAFE staff and foster families in Austin, and Hope House of Austin
- Written and verbal feedback from those pilot trainees

Introduction

Why This Training?

Children with disabilities are nearly four times more likely than children without disabilities to experience violence. Children with intellectual, emotional, or mental health-related disabilities are nearly five times more likely to be victims of sexual abuse than children without disabilities (World Health Organization, 2017). Most of this abuse is perpetrated by people children know and trust, and in settings where they have every right to feel safe.

As a result of previous support from the Children’s Justice Act in addressing abuse of children with disabilities, SAFE staff learned that foster parents and residential care providers of children with disabilities could benefit from:

- greater understanding of why children with disabilities are more at risk for abuse
- increased recognition of the signs of abuse in children with disabilities
- strategies for responding to abuse in a way that reduces re-traumatization
- methods for increasing children’s safety

How to Use this Training

This training was developed for residential service care staff and foster care parents of children and youth with disabilities, as well as foster care support staff. However, it can be adapted for anybody who works with children with disabilities, including educators, disability service staff, medical staff, parents, families, and others.

This resource includes:

- 1) Facilitator’s Resource Guide and Supplemental Materials, which contains information on how to use the training materials, English and Spanish fact sheets, and evaluation forms.
- 2) A PowerPoint presentation with detailed notes for training facilitators. The PowerPoint is available online for review in PDF format. *To request the actual PowerPoints, email disabilityservices@safaustin.org*
- 3) Online fact sheets with additional resources

Modules

The training includes three modules that can be used in a full-day training or as stand-alone trainings provided across several sessions.

Audience interaction: Instructions are detailed in the notes section of the PowerPoint slides, and discussion questions are woven throughout the training. Each of the three

training modules includes tips on self care and a small or large group activity based on three case studies of children with disabilities.

Topic Outlines for Modules 1-3:

Module I. Risks and signs of abuse for children with disabilities.

Estimated time: Approximately 1-2 hours, depending on audience participation and facilitator style.

This module provides information about:

- reasons for high risks of abuse for children with disabilities
- reasons children who experience abuse/neglect may not tell
- common types and signs of abuse
- how children may communicate abuse through changes in behavior
- how to recognize nonverbal signs of abuse in children with communication disabilities, significant disabilities, and young children

Module 2. Responding to abuse of children with disabilities in a trauma-informed manner.

Estimated time: Approximately 2-4 hours, depending on audience participation and facilitator style.

This module provides information about:

- what to do if you suspect abuse or if a child tells you about abuse
- what children need to hear from you
- short and long-term effects of abuse
- how trauma impacts children's development
- what you can do to support children

Module 3. Tips to increase safety of children with disabilities

Estimated time: 45 minutes to an hour, depending on audience participation and facilitator style.

This module provides information about:

- practical strategies for safety planning

Who Should Facilitate This Training?

This training could be facilitated by parents of children with disabilities, disability service staff, foster parent support staff, educators, Child Protective Services staff, other child advocates, and victim services staff.

If possible, it is helpful to have one trainer who is familiar with abuse and neglect of children and one trainer who is familiar with children with disabilities. An example is a staff member from a children's shelter co-training with a parent or educator.

Tips for using this training

Before you begin training, know your audience. Find out what they already know about disabilities, abuse of children with disabilities, trauma, and safety planning. If you do not know this information beforehand, the simplest way to find out is to ask each person in the room to explain their role and experience in the lives of children with disabilities as an icebreaker activity.

Adapt the PowerPoints and your presentation to the training needs of the people in the room.

The notes on each PowerPoint slide are very detailed. Depending on the audience and the time you have available, you may not need to go into full detail, but the information will be available if people ask questions. You can hide any PowerPoint slides that you do not want to use for a particular training.

Before training

Become familiar with the notes and information on the PowerPoints. As you learn the material, you may want to add examples and stories from your own experiences to illustrate the teaching points. If you choose to tell personal stories, we encourage you to keep it brief and share only what is needed to illustrate the teaching point. It can be much more engaging and participatory when training participants are invited to share their own examples. Questions to prompt discussion are included throughout the PowerPoint notes.

This training includes multiple fact sheets in English and Spanish.

If you want to provide paper copies of the training materials, develop a packet of materials for each training participant. We ask that you print and distribute fact sheets, and other supplemental materials freely, but in their entirety. Two-pocket folders work well for packets. Each would contain:

- PowerPoint slides. Print 3 slides to a page, with designated blank space for notes on the right
- Fact sheets (available in [Spanish](#) and [English](#))
- Online resource materials (email these)

Evaluation Forms

This guide offers two evaluation options.

Measuring learning. If you wish to measure how much information your audience is learning from the training, you can ask people to take a short questionnaire [before](#) and

directly after the training. The pre-and-post questionnaires and the answer key are in the appendix.

Measuring overall response to the training. If you wish to measure the audience's overall response to the training and the training facilitator(s), use the sample evaluation form, or your own training evaluation form.

Self-care for Facilitators

Whenever possible, find ways to support yourself when providing education about abuse and children with disabilities.

If you are co-facilitating, spend time after the training talking with each other about what went well and what might be done differently next time.

Other methods of self-care include allowing yourself plenty of time to prepare for the training, acknowledging your successes, and finding ways to reduce stress.

Take it easy on yourself. Create a "treasure" list of things you can do or people you can talk with who recharge you. Write down what makes you smile, what makes you feel good, what makes you feel strong and competent, what makes you feel safe, what makes you feel settled, and what helps you feel connected to others.

(Levine & Kline, 2007)

Appendix

Fact Sheets

This curriculum includes fact sheet handouts English and Spanish, as follows. Additional fact sheets with online resources are available in a separate document, and can be emailed to interested trainees.

English Fact Sheets

- Taking Care of Yourself
- Supporting Children with Developmental Disabilities
- Questions to Ask About Children New to Your Care
- Common Reactions & Possible Responses: Children and Youth with Trauma Histories
- Increasing Children's Sense of Safety through Connection
- Safety Planning with Children with Disabilities

English Resource Fact Sheets (Available in separate document. Send electronically)

- Resources About Disabilities
- Resources on Trauma
- Resources for Foster Parent and Caregivers

Spanish Fact Sheets

- Apoyo para niños con discapacidades del desarrollo (Supporting Children with Developmental Disabilities)
- Preguntas a realizar sobre niños recién llegados a su atención (Questions to Ask About Children in Your Care)
- Reacciones comunes de niños y jóvenes traumatizados y posibles respuestas (Common Reactions of Traumatized Children and Youth & Possible Responses)
- Cómo aumentar el sentido de seguridad en los niños (Increasing Children's Sense of Safety through Connection)
- El plan de seguridad (Safety Planning for Children with Disabilities)

Spanish Resource Fact Sheets (Available in separate document. Send electronically)

- Recursos para discapacidades (Resources about Disabilities)
- Recursos para padres sustitutos y proveedores de cuidado (Resources for Foster Parents & Caregivers)

Evaluation Materials

[Pre-and-post Training Questionnaire](#)

Questionnaire Answer Sheet
Evaluation Form

English Fact Sheets

Taking Care of Yourself

The demands of taking care of children – with or without disabilities – can make it difficult to make time for yourself. The material below provides ideas to help you take care of your own emotional, physical, spiritual, and mental well-being.

- **Practice self-compassion.** Studies show that people who are kind to themselves and practice self-compassion are more connected socially, and have greater happiness and overall life satisfaction. The following are ways to practice self-compassion:
 - Tell yourself it's okay to feel how you feel.
 - Practice mindfulness by listening to your inner voice without trying to change anything.
 - Pay attention to your thoughts, beliefs, and feelings without judgment.
 - Make a list every day of five things you are grateful for. You may be surprised how often it is the small things in life that make us content.
 - Allow yourself to make mistakes. None of us were meant to be perfect.
 - Spend time doing things you really enjoy.
 - Find a hobby that you are passionate about.
 - Schedule five minutes of play several times throughout the day. Skip rope, color, bounce a ball: Find something that feels like fun to you.
 - Do one thing today that just makes you happy.
 - Get out of your comfort zone. Talk to people you don't know.
 - Remove any negative people from your social media feeds.
 - Connect with other foster parents or residential staff and build a support group that is productive for you and for the children in your life.
 - Read inspirational or spiritual literature.
- **Take care of your body**
 - Get enough sleep.
 - Stretch on a regular basis, especially during the middle of the day.
 - Try 15 minutes of yoga to get out the tensions of day.
 - Run or walk for a few minutes. Go up and down the stairs a few times a day.
 - Pick several healthy breakfasts, lunches, and dinners and rotate them for the week.
 - Sit somewhere in nature for a few minutes. Take deep breaths.
 - Turn off or down your cell phone when you can.
 - Get at least fifteen minutes of sun.
 - Take a quick nap. Ten to twenty minutes can rejuvenate your day.

(Adapted in part from Abrams, 2017.)

(Adapted in part from Bard, 2016.)

- **Workplace or Home Self-Care**

- Take time to chat with co-workers or another adult.
- Set limits with your clients, colleagues, and children.
- Arrange your work or home space so it is comfortable and comforting.
- Get regular supervision or consultation with a peer or colleague.

- **Emotional Self-Care**

- Stay in contact with important people in your life.
- Write down everything you did in a day. Then write, "It is enough."
- Allow yourself to cry.
- Re-read favorite books, watch favorite movies.
- Express yourself in social or civic action, letters, marches, or protests.

- **Get and give support.** It's easier to handle challenges when you have positive relationships, especially when you are caring for children who have experienced traumatic events. You can strengthen your social support by:

- Focusing on relationships where you feel respected and appreciated.
- Finding a spiritual connection or community where you can accept help from people and also provide help to others.
- Reaching out to others, communicating, resolving conflict, and keeping your friendships healthy.
- Exploring your interests and building different networks so you have different people to turn to in different situations.
- Trying at times not to always be the expert.
- Giving yourself permission to skip social events that you really don't want to attend.

(Adapted from Center for the Study of Social Policy, n.d.)

- **Change your internal dialogue by expressing yourself in new ways.** We often relive difficult events in our heads over and over. Expressing ourselves through writing, art or other means can help us gain new insights and work through difficult issues. Creative expression can also help us gain a deeper understanding of our experiences. Ways to engage:

- Write daily journal entries or draw a daily doodle about something that is bothering you. Don't worry about finding the perfect words or making a beautiful drawing. It's okay to scribble and draw stick figures. Any type of expression can be healing.
- Log your daily activities and feelings at the end of the day.
- Write notes immediately after a difficult event.
- Sit with and reflect on what you create.

(Adapted from Abrams, 2017)

- **Meditate.** It often feels like there is not enough time in the day to get everything done. Yet finding time for meditation can help reduce your stress, find balance, and improve your overall wellbeing.

References

- Abrams, A. (2017, March 03). How to Cultivate More Self-Compassion. www.psychologytoday.com/blog/nurturing-self-compassion/201703/how-cultivate-more-self-compassion
- Bard, E. (2016, October 20). 45 Simple Self-Care Practices for a Healthy Mind, Body & Soul. Retrieved <https://tinybuddha.com/blog/45-simple-self-care-practices-for-a-healthy-mind-body-and-soul/>
- Center for the Study of Social Policy. (n.d.). *Taking care of yourself: Tips for foster and resource parents*. Strengthening Families. www.cssp.org/reform/strengtheningfamilies/practice/body/Self-Care-for-Foster-Parents.pdf
- Saakvitne, Pearlman & Staff of TSI/CAAP. (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

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Supporting Children with Developmental Disabilities

Texas residential service providers, foster parents, and biological parents shared the following tips on living with and supporting children with developmental disabilities, including children who are unable to verbally communicate why they are distressed.

Get comfortable around children with disabilities. Leave your apprehension at the door. Talk to children with disabilities as you would any other child.

Realize every behavior has a cause. Children get distressed, angry, or act out for a reason. Behavior is one way a child can communicate what they need.

View unwanted behavior as the child trying to relay information about how they feel about their situation. Instead of thinking about what the consequences of these behaviors should be, ask yourself what they are trying to tell you.

Learn while you play. As you interact with children and youth, notice what works and doesn't work for them, and what things they react to, both positive and negative.

Learn what upsets children and can result in difficult behavior, and what responses from you work best.

Intervene early. If you learn warning signs, you can also learn to intervene early when you notice them, and then use distraction or other techniques to prevent a melt-down.

Communicate with others in the child's life about what responses are more effective. Talk to staff, teachers, parents. Understand that "what works" may change day by day.

Use your strengths. Children respond differently to different people. One parent or staff member may be able to get a child to take a bath or brush their teeth, while another may have strengths in other caretaking areas.

Make time to keep a journal. A journal can help you notice patterns or interactions that contribute to how children respond.

Stay calm and neutral, as much as possible. Children can often sense and react to adult stress.

Lower your voice. When children are shouting, lowering the volume and pitch of your own voice can help them quiet down.

Offer children exercise as an outlet. One foster couple noticed that when their son started puberty he became angrier. As a transition between school and home, they asked if he wanted

to begin working out and participating in other regular exercise as well. These activities greatly reduced his frustration.

Rely on trial and error. Success comes from trying one thing and then another until something works well.

Be patient. One residential service provider for children with severe disabilities estimates it takes about six months to learn the nonverbal cues of each new child.

Be consistent. Children can thrive when care providers are consistent and predictable in their responses and routines.

Learn the child's routines, and follow them. Find out when they do activities, when they eat, when they take baths, when they go to bed.

Prove that good things can come from you. These good things can include kindness, respect, and appreciation of who each child is. Or even treats. Before they connect you with positive things, children will remain mistrustful.

Celebrate and reinforce successes. A child who is feeling insecure after experiencing abuse or separation can come to see themselves as a "good kid" after repeated successes. Having more frequent successes is more effective than consequences, learned one Houston foster parent.

Pay attention to how your reactions affect children. Choosing to ignore some behaviors can sometimes be more effective than reacting to them.

References

- These tips were shared during focus groups, individual interviews, and a survey with 69 residential service staff, foster parents, foster parent support staff and other stakeholders throughout Texas. Other resource:
- Skourti, G. (2012, October 22). *Special needs parenting: 12 tips for managing challenging behavior*. Friendship Circle. <http://www.friendshipcircle.org/blog/2012/10/22/special-needs-parenting-12-tips-for-managing-challenging-behavior/>

This project was funded by the Texas Center for the Judiciary
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SMOOTHING TRANSITIONS

Questions to Ask About Children New to Your Care

Answers to some of the following questions can ease the transition for babies, toddlers, or children who have developmental or communication disabilities who are coming into foster or residential care. These questions can also be adapted for any child of any age. Sources can include previous foster parents or residential care providers, biological parents (if safe), school staff, and others.

- a) Does _____ have any drink, food and/or environmental allergies and intolerances, including potentially life-threatening reactions?

- b) What language does the child speak or hear at home?

- c) How does the child best communicate? (Examples include using a communication board, taking more time, taking frequent breaks, needing a patient listener.)

- d) How does the child best communicate basic needs (e.g., bathroom, water, food, hot/cold, tired, etc.)?

- e) What are the signs that the child is becoming tired or frustrated, or needs help? What is the best response, in each case?

- f) What tends to make the child anxious?

- g) What is reassuring, soothing, and calming (certain toys, singing, places)?

- h) What do other people like about the child?
- i) What is important to the child?
- j) What supports does the child need during the day? (Examples: *Assistance with toileting and eating, low lighting, quiet rooms.*)
- k) What are some of the child's daily preferences?
- Clothes:
 - Favorite types/fabrics
 - What to avoid
 - Hair care
 - Rituals:
 - Wake up
 - Bath time
 - Bedtime
 - Toileting
 - Food:
 - Favorites
 - Avoid
 - Neutral about
- l) Frequency of meals
- m) What behaviors are typical?

- n) Are there certain things that trigger or cause the child to become upset?

- o) What is helpful when they are angry, upset, or acting out?

- p) Medical
 - a. Records and history, including physical therapy, occupational therapy, speech evaluations

 - b. Schedule of treatments, and role of foster parent/provider

- q) Does this child see their biological family? How often, and what role will the care provider/foster parent take in these visits?

- r) Contact information
 - a. Previous foster families

 - b. Doctors

c. Physical therapy, occupational therapy, other therapists

d. Safe members of biological family

This information was provided by: _____

Relationship to child: _____

Reference

Personal communication, R. Alexander, 2012; & SAFE

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Common Reactions & Possible Responses: Children/Youth with Trauma Histories

What you might notice: Any changes in how children and youth react to people or situations, or any abrupt changes in their overall behavior.

What to try:

Observe. Share your observations in a very neutral way, and ask if they want to talk about it. For example:

- *I've noticed when we pick you up from school, you seem to be angry. Is there something happening at school that is upsetting?*
- *I've noticed that you seem to be afraid when I take you to visit your family. Is something happening that makes you afraid?*

Engage children. Help children find a way to share by engaging them in play or a sensory activity. Something as simple as blowing bubbles, listening to music, or drawing can help them to become calm and relaxed. As a result, they may feel a little bit more comfortable saying or showing what they want.

Don't push. If the child becomes upset, don't push the issue, but don't drop it either. Find another way to get information. Talk to other people, or approach the child another time.

Follow up. Talk to other people in the child's life and see if they have noticed the same changes. Follow up and report to Child Protective Services or the police if you have any concern about current abuse.*

What you might notice: Withdrawal and isolation

What to try:

Offer choices. Regularly offer the child or youth choices about their day-to-day activities, which can help them gain a sense of control.

Talk. Talk to the child without pushing. Talk to them whether or not they can respond verbally to what you are saying.

Look for signs. Watch closely for signs of re-enactment of abuse. Examples include signs of sexuality that are advanced for their age; or being abusive to other children, animals, or adults.

Keep connections. In a residential setting, identify one or more staff members the child has a connection with, and ask them to regularly check in.

Offer time and space. Offer children/youth space and time to process. Let them know you are available when they are ready to engage.

Plan activities. Encourage them to continue regular social and recreational activities.

What you might notice: Heightened fear, anxiety, and/or depression

What to try:

Provide predictability. Children who have been traumatized can be comforted by having predictable schedules and trustworthy caregivers.

Protect the child. Don't hesitate to stop activities that are upsetting or traumatizing, and look into relationships that concern you.

Provide caring emotional support and simple, kind gestures, such as asking: *How are you today? Is there anything you need?*

Provide comfort. Different children are comforted by different things: emotional support, a movie, familiar foods, or a private space.

Be creative. Again, offer options for children to express difficult feelings through art, music, dancing, writing, exercise, sports.

Provide physical safety for children. Children may not feel safe with the people they live with or who provide services to them. Traumatized children who live in a group setting may trigger each other's heightened fear responses, which can result in chaos. Watch for mismatches in bedroom mates or residential houses. As needed, make changes to increase the child's sense of safety where they live.

What you might notice: Increased anger and aggression when a child's emotional stress is escalated.

What to try:

Promote safety. When a child becomes angry or aggressive, a common instinct for adults is to try to control and contain the behavior. This approach often backfires. It's more important to help the child begin to feel safe when they feel out of control, which can help them regulate emotions.

Give time and space. When a child is really upset, it is not a teaching moment. Children often react with anger and aggression when they are afraid or ashamed. It's rather time to give space, to soothe and encourage, or to allow for a time of reflection. Avoid power struggles.

Provide a calm setting. Remove the child from sensory overload: loud noises, bright lights, visual stimulation.

Keep calm. Adult stress can increase the child's stress. Adult calmness, on the other hand, can help children reduce their own distress. Lower your voice, keep eye contact, and maintain relaxed and friendly body language.

Strategize with children. When they are no longer distressed, strategize with the child about what was going on and what would be helpful to do next time.

Model effective use of anger. Make sure when you are angry that you express it appropriately and ask assertively for what you want to change the situation.

Share anger warning signs and triggers. When adolescents and teens can identify the warning signs that their temper is starting to boil, it allows them to take steps to defuse the anger themselves before it gets out of control.

Watch for self-harm. Likewise, recognize that some children do not outwardly express anger. Instead, they may hold it in and begin hurting themselves by using drugs, over/under eating, or other forms of self-harm.

Add activity. Get the child engaged in choosing an activity they would enjoy that could help relieve anger, such as running, biking, boxing, dancing, writing, drawing, meditation, or participating in team sports.

Encourage expression. Adolescents exposed to trauma may feel self-conscious about their emotional reactions and worry about how these feelings make them different from their peers. Encourage teens to express his or her feelings about the event.

Provide retreat space. Give adolescents and teens space to retreat. Don't try to force the healing process.

Ask such questions as:

- What is bothering you?
- Can you tell what is bothering you?
- What do you think you should do?
- What can I do to support you? (And then follow through.)

(Adapted in part from Fallot, 2011; Harvey, 2012; Robinson & Segal, 2017)

***To report child abuse in Texas:**

For emergencies or if the child is currently in danger, always call 9-1-1.

Report any nonemergency suspicion of abuse, neglect, or exploitation to the statewide child abuse intake line 24 hours a day, seven days a week: 1-800-252-5400.

For situations that do not require immediate investigation, you can report online at <https://www.txabusehotline.org>

Resources

- Fallot, R.D., (2011). Paper presented at Institute of Medicine Conference. Washington, DC.
- Harvey, K. (2012, February 20). *Trauma-informed care for people with intellectual disabilities and behavioral health challenges*. Presentation at the Hogg Foundation for Mental Health, Austin, Texas.
- Robinson, L., and Segal, J. (2017, April). *Help for parents of troubled teens*. Help Guide. www.helpguide.org/articles/parenting-family/helping-troubled-teens.htm

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Increasing Children's Sense of Safety through Connection

Children of all ages who have experienced abuse and neglect can begin to recover by developing a safe and empowering connection with another person.

As a foster parent or residential service provider, you can build a trauma-informed environment to help children solve their problems, feel safe with themselves and you, and connect with others.¹

What children want to know in their interactions with you is:

- Safety: Will I be safe here and with you—physically and emotionally?
- Trustworthiness: Can I believe in you to tell me the truth and be honest?
- Choice: Will I be able to make decisions, or will you make all of the decisions for me?
- Collaboration: Will you tell me what to do or will you work with me?
- Empowerment: Will you support me to find and use my own voice?

(Adapted from Falot, 2011.)

These are the five core values of trauma-informed care. By using these values, every interaction we have with children can help build their sense of safety and trust.

- Safety & Trust.** Show children that you are safe and trustworthy with every interaction: in what you do, what you say, and how you say it. Toddlers, teens, and all ages in between need to know that they can trust you not to hurt them. They also need to know that you will do what you said you would do.
 - You can help children feel safe by keeping your facial expressions and voice calm and relaxed. Avoid standing over or behind the child.
 - You can remind children: *I am here to help keep you safe. You can ask me for help.*
 - Creating connection through safe interactions takes time and regular reminders to the child that you are there to support them.
- Choice.** Whenever possible, offer children the option to be involved in real choices and decisions about their lives.
 - Examples for younger children: *You can get ready for your bath or I can help you get ready. You can choose an activity (make sure to be specific) on your own or I can help you choose it.*

¹ *Being trauma-informed means recognizing the widespread impact of trauma on children and adults, understanding ways that children can recover, recognizing signs and symptoms of trauma, and taking measure to avoid retraumatizing children (SAMHSA, 2017).*

- o Examples of choices for adolescents and teenagers can include:
 - what jobs to apply for (if it doesn't interfere with school, sleep, and whatever is important to your family or agency)
 - picking what chores they do, as long as they get done by a certain time
 - when and where to study, it just has to happen before bedtime, etc.
 - what classes to take and what school activities to be involved in

Ask yourself what would help children in each situation, using what you know about their strengths. For example, if you know the child has difficulty with transitions, ask them to help with getting ready for bath time or for school by choosing their clothes. For older kids, talk through what will make the transition go more smoothly.

- **Collaboration.** This step can begin when adults recognize the different ways that trauma affects children's development, their behaviors, and their ability to cope with everyday life stresses or reminders of times they felt afraid or unsafe. Children with trauma histories may have strong emotional reactions to things that seem small to adults. Although we may never know what caused the reactions, they aren't about a child being dramatic, "bad" or rebellious. Instead, these strong responses can be directly connected to the child feeling afraid, unsafe, and having no control over what is happening to them. Strong emotional reactions may also be related to reminders of past events that caused feelings of fear and danger (a particular sound, smell, word, or look, etc.). What children with trauma histories need when they are in crisis are calm, grounded, and protective adults who are remembering to control their own breath (breathing as deeply as needed) and who can give them supports, time, and space in which to regain feelings of safety. What they need is not punishment, but protection.
 - o Work with the child to increase their coping skills by asking them what makes them feel safe or less scared. Children tend to feel more safe when their days are predictable and they have control of some aspects of what they do.
 - o Having a reliable schedule is also helpful for children who have lived in chaotic environments. Schedule routines such as bathing and eating at the same time each day. Also check in with them and ask how they are doing at a specific time each day: after school, during dinner, before bed.
 - o Offer children an opportunity to work together to establish new routines. **Examples:** When to eat lunch or dinner, whether to do their homework before or after dinner, if they take a bath or shower in the morning or at night, where to go for outings.
 - o If a child or youth says no to a request, ask them what is making them not want to do it. Then work together to find a solution or a new way of completing a task. Give younger children a little time and say that you'll help them try again in a few minutes.
 - o Sometimes a child who has experienced traumatic events will refuse to do a specific activity or go to a particular place. For example, they may refuse to take a bath or go

into a certain room. They may want to sleep with the lights on. These places or activities may remind them of past traumatic events, and it may be extremely difficult for them to do what you ask. Work with the child to find a solution. For the previous example, if children are afraid of one bathroom, they might be willing to use another one, if available. They might want you to stay in the bathroom with them, or sit outside the door. They may be comforted by bath toys, by scented soaps, by a fluffy towel.

- o You can use the same methods for adolescents who refuse to go to school or to do their homework. Without shaming, blaming, or judging, ask them what is going on and what would make the situation work for them.
- o Offer distressed children a quiet, calming space. Children of all ages can learn breathing and orienting techniques to help them cope. Sit with the child/teen and do a simple breathing exercise. Remind them that they are safe and not alone. Ask them to notice things in the room, which can help orient them to the present moment. Some children, however, will need to do something more active, such as drawing, doodling, writing, or walking. Let the child/teen know that they are not in trouble. They may want you to sit with them or they may want some space. You can model this behavior as well. When you feel overwhelmed, explain that you need to take a break.
- o Allow more time for transitions from one thing to another (home to school, doctor appointment to home). Offer frequent reminders about what is going to happen next. Creating daily and family rituals can help children move from one activity to another more easily.
- **Empowerment.** Traumatic events such as abuse, neglect, bullying, and medical trauma can make children feel fearful and powerless. Part of recovery and healing is to be able to take back some of the age-appropriate power they lost. Explore ways that children can increase their independence, master tasks, and feel good about themselves.
 - o Emphasize children's strengths instead of pointing out problem areas. Point out the things children do well or really enjoy. Share when they have made good decisions. *You are really kind to your friends. I've noticed that you are happy when you _____ . You made a good choice when you _____ .*
 - o Listen to what the child or youth has to say without correcting them or arguing with what they are saying. Find ways to incorporate their feedback into decisions or events.

(Adapted in part from Harvey, 2012; Purvis, 2014; and SAFE, 2017.)

Other tips for building safety and connection with children.

- o *Limit distractions.* When you talk with children or youth, set aside your cell phone, turn off the TV, and focus your attention on them. Move to a space where there are few distractions and noises.
- o *Maintain eye contact.* Keeping eye contact is one way of connecting. However, some children with disabilities or who have trauma histories may have a difficult time making eye contact.

In that case, follow their lead on how much eye contact to establish. You can connect with children in other ways, through drawing, coloring, or listening to music together.

- *Paraphrase.* Sum up what you heard to make sure you understand, and to let the child know you understand. *You're telling me that you don't like _____.*
- *Validate.* Validating is also part of helping children heal. *I see you are mad and it's ok to be mad. I hear you are frustrated ...*
- *Use open-ended questions.* Focus on open-ended questions, rather than *yes/no* questions. Example: *Tell me how ... What was your first day like?* An exception are questions that start with "why," which tend to make all children feel defensive.
- *Watch for signs of stress.* Pay attention to what children do as well as what they say. You can learn to recognize signs of stress and anxiety by watching children in various interactions. You can also learn what responses are more effective. *You don't seem like you want to go to school. You haven't been wanting to eat with everybody lately. Do you know what's going on for you?*

(This fact sheet was adapted from SAFE; Harvey, 2012; Fallot, 2011; Purvis, 2014; Robinson and Segal, 2017; and Purvis, Cross, Dansereau, & Parris, 2013.)

To report child abuse in Texas:

For emergencies or if the child is currently in danger, always call 9-1-1.

Report any nonemergency suspicion of abuse, neglect, or exploitation to the statewide child abuse intake line 24 hours a day, seven days a week: 1-800-252-5400.

For situations that do not require immediate investigation, you can report [online](http://www.txabusehotline.org), at www.txabusehotline.org

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Safety Planning with Children with Disabilities

The first step to increasing children's safety is talking about it regularly during day-to-day life.

Safety for young children

A safety plan for a young child would include having an adult protector who helps keep them out of abusive or violent situations and who notices unusual behaviors in the child that might be linked to distress or trauma and then asks questions about what might be happening.

Safety for elementary and older children

Help children identify who to ask for help. Children should know:

- which people in their everyday lives are safe and could help if they were in trouble, in danger, or afraid.
- who to generally trust in the community.

For each setting, identify or help the child identify several people they could ask for help. The people on this list will change over time.

Teach children what's okay and not okay. Because most children are abused by people they know, teaching needs to go beyond the concept of stranger danger. Teach children that there are things that are not okay for adults, other children, or siblings to do to them, or for them to do to other people. Some touches are okay, like a goodnight kiss to family, high fives with friends, or medical checkups. Some are not, like hitting; pulling hair; or touching another person's genitals, buttocks, or breasts without permission. Explain that an adult should never touch the area covered by their bathing suits unless it is for medical reasons or because they need helping using the toilet and bathing. Encourage children to talk to you if they ever have any questions about what is okay and what is not.

Foster parents and caregivers can help children learn that they have some control over what happens to their bodies by asking permission or telling them what is going to happen before touching: *Is it okay if I hug you? I'm going to change your diaper now.*

Practice safety in different settings and with different people. Ask some of the safe people in the child's life to be available so they can practice asking for help in different settings. This practice may make it easier for children to seek help when there is a real need.

Reinforce that it is *okay to ask for help* and that *most people need help at times* when you notice children struggling with a task or problem. These statements can remind children to also seek help about abuse.

Pay attention. Listen to what children tell you, especially if they are uncomfortable. Watch for signs of changes in behavior and emotions, or withdrawal. If a child shares or indicates by their behavior that they are uncomfortable with a caregiver or another person in their life, take note, and ask questions. Trust your instincts and be willing to address the situation and, if needed, change caregivers.

Don't be lulled into thinking that children are perfectly safe in segregated settings like educational programs for children and youth with disabilities. Abuse can happen anywhere. The more isolated the child is and the fewer people who are watching, the more opportunities for abuse to occur.

Work with personal care providers.

Enlist care provider assistance. Share information with caregivers about the risks and signs of sexual and physical abuse in the lives of children with disabilities. Let them know what information about sexuality you are sharing with the child, what safety steps you are taking, and how they can help.

Carefully monitor care providers. When hiring personal care providers, be clear about your expectations, check references, do background checks, and provide ongoing supervision and feedback. Spend time with the child and care providers, and if there is anything in the interaction that makes you uneasy or uncomfortable, pay attention. If the child lives in a group home or institution, get to know the direct care staff and administration. Visit often. Again, trust your instincts about the child's safety and address any concerns. A care provider who appears *too good to be true* may have hidden motives, so stay alert.

Protect children's privacy and boundaries. If the child needs personal assistance with using the toilet or changing at school or daycare, check to see if the changing or bathroom area provides privacy for students. Make sure you and the child are comfortable with staff responsible for the child's hygiene. Talk to caregivers in the company of the child about privacy and what boundaries are important for safety.

Give children tools.

Safety tips. Discuss ways to respond to hurtful or dangerous situations, including:

- leaving the situation or person if possible (get away from)
- getting help from someone they trust (it's okay to ask for help)
- ignoring the person unless it is dangerous
- yelling
- telling the person to stop in a serious and firm voice
- staying near or with safe people or in safe settings if they feel in danger until someone can come get them – relative, a friend, the manager of a grocery store.

Communicating abuse. Work with children on how to let you know if something is happening that is not okay. Children who require assistance with bathing and using the bathroom, but do not have a way to communicate using spoken language or assistive devices, can use a code to alert parents or guardians. A word, motion, or gesture can mean that something happened that didn't feel safe or okay or that made the child afraid.

If the child uses a communication device or communication board, make sure it includes words or symbols for communicating about personal safety. Common words and symbols include *male and female genitalia, breasts, and buttocks*; and words or symbols for *hitting, punching, pushing, spanking, or touching*. Other possibilities include a switch with a pre-recorded message, whistle, or other personal alarm device for signaling emergencies.

Provide opportunities for choices. Talk to children about their rights. Explain that parents and other adults make many choices for children, but children get to make choices also. Provide opportunities every day for children to make choices and decisions. Be willing to negotiate at times when you have a disagreement, which will allow them to practice setting boundaries. Keep in mind that compliant children are easy targets for abuse.

Educate yourself and children about sexuality.

Learn about sexual development in children so you know what to expect. Children with disabilities may develop in some areas of sexuality according to their developmental age, and in some areas according to their cognitive or emotional development. Children whose developmental stage is not the same as their chronological age still need this information.

Ask the child's school to provide abuse prevention, sexuality education, and personal safety skills to reinforce the concepts taught at home.

Teach children information about sexuality and safety that is appropriate to their chronological age and developmental stage.

Learn about Internet use. If children use the Internet, have ongoing conversations about what information is safe to share, what is not, and why. Learn more about cyber safety and share what you learned. Some caregivers monitor children's Internet and cell phone use, and some do not. However, if you do monitor, it's generally recommended that you let the child know that you're doing it, and why.

Report abuse and suspicion of abuse. Call 9-1-1 if there is current danger. Report any suspicion of abuse, neglect, or exploitation to the statewide child abuse intake line 24 hours a day, seven days a week: 1-800-252-5400.

(Adapted from SAFE, Stop it **Now!** & Chicago Children's Advocacy Center.)

References

- Chicago Children's Advocacy Center. (n.d.) *Family safety planning to prevent child sexual abuse*. Retrieved from <http://www.chicagocac.org/wp-content/uploads/2015/04/ChicagoCAC-Family-Safety-Planning.pdf>
- Stop It **Now!** (n.d.) *Family safety planning for parents of children with disabilities*. Retrieved from www.stopitnow.org/ohc-content/tip-sheet-family-safety-planning-for-parents-of-children-with-disabilities

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Spanish Fact Sheets

Apoyo para niños con discapacidades del desarrollo

Proveedores de servicios residenciales, padres sustitutos y padres biológicos en Texas compartieron los siguientes consejos sobre cómo vivir con y apoyar niños con discapacidades del desarrollo, incluyendo niños incapaces de comunicar verbalmente porque están angustiados.

Siéntase cómodo alrededor de niños con discapacidades. Deje su aprensión en la puerta. Hable a los niños como lo haría con cualquier otro niño.

Tenga en cuenta que cada comportamiento tiene una causa. Los niños se angustian, enojan o rebelan por una razón. Cada comportamiento es un método de comunicar lo que el niño necesita.

Considere el comportamiento como el intento del niño para transmitir información sobre cómo se siente o sobre su situación. En lugar de enfocarse en "¿cuáles deben ser las consecuencias?", pregunte "¿qué intenta decirme?"

Aprenda mientras juegue. Al interactuar con los niños, note qué funciona y qué no funciona para ellos y de dónde provienen sus reacciones.

Aprenda qué afecta a los niños y puede resultar en un comportamiento difícil y qué respuestas tuyas funcionan mejor.

Intervenga pronto. Si aprende a reconocer las señales de advertencia, también puede aprender a intervenir pronto cuando las note, y luego use técnicas de distracción para evitar que el niño tenga una crisis.

Comuníquese con otras personas en la vida del niño sobre cuáles respuestas fueron más efectivas. Entienda que "lo que funciona" cambiará día con día.

Mantenga un diario. Un diario puede ayudarlo a notar patrones o interacciones que contribuyen a cómo responden los niños.

Mantenga la calma y permanezca neutral. Si los niños notan que está molesto con ellos, o incluso simplemente estresado, es posible que también se estresen. Entra en juego también el lenguaje corporal. Si usa una voz calmada, pero cruza sus brazos fuertemente, los niños recibirán mensajes mixtos.

Baje su voz. Cuando los niños gritan, bajar el volumen y el tono de su propia voz puede ayudar a tranquilizarlos.

Ayude a los niños a hacer ejercicio como una válvula de escape. Dos padres notaron que cuando su hijo comenzó a entrar en pubertad, se tornó más enojado. Como una transición entre la escuela y la casa, comenzó a golpear una pera de boxeo y participó en otras formas de ejercicio de manera regular también.

Dependa de pruebas y errores. El éxito proviene de intentar una cosa y luego otra.

Sea paciente. Un proveedor de servicios residenciales para niños con discapacidades severas estima que se lleva aproximadamente seis meses para aprender las señales no verbales de cada niño nuevo.

Sea consistente. Los niños prosperan cuando las respuestas y las rutinas de los proveedores de atención son consistentes.

Conozca las rutinas del niño y sígalas. Averigüe cuándo realizan actividades, cuándo comen, cuándo se bañan, cuándo se van a la cama. Las rutinas reconfortan a los niños.

Compruebe que cosas buenas pueden provenir de usted: estas cosas buenas pueden incluir amabilidad, respeto y aprecio de quién es cada niño; o incluso premios ocasionales. Antes de que los niños lo relacionen con cosas positivas, desconfiarán de usted.

Celebre y refuerce los éxitos. Un niño que se siente inseguro después de vivir un abuso o una separación puede llegar a verse como "niño bueno" después de múltiples éxitos. Tener más éxitos frecuentes es más efectivo que pagar consecuencias, dice un padre sustituto de Houston.

Preste atención a cómo sus reacciones afectan a los niños. Elegir ignorar algunos comportamientos en ocasiones puede ser más efectivo que reaccionar ante ellos.

Referencias

- Estos consejos provienen principalmente de grupos de enfoque, de entrevistas individuales y de una encuesta con 69 empleados de servicio residencial, padres sustitutos, personas de apoyo a padres sustitutos y otras partes interesadas en todo Texas. Consejos adicionales provienen de:
- Skourti, G. (2012, octubre 22). *Special needs parenting: 12 tips for managing challenging behavior.* (Crianza de niños con necesidades especiales: 12 consejos para manejar comportamientos desafiantes) Friendship Circle. <http://www.friendshipcircle.org/blog/2012/10/22/special-needs-parenting-12-tips-for-managing-challenging-behavior/>

Este proyecto fue financiado por Texas Center for the Judiciary a través de un otorgamiento de la Ley de Justicia para Niños (Children's Justice Act).

Preguntas a realizar sobre niños recién llegados a su atención

Las respuestas a algunas de las siguientes preguntas pueden facilitar la transición para bebés, niños pequeños o niños con discapacidades de la comunicación que llegan a atención sustituta o residencial. Estas preguntas se pueden adaptar para cualquier niño de cualquier edad. Las fuentes pueden incluir padres sustitutos o proveedores de atención residencial anteriores, padres biológicos (si es seguro), personal de la escuela y otras personas.

- a) ¿Tiene _____ alguna alergia o intolerancia ambientales o a bebidas o alimentos, entre ellas reacciones que pudieran poner en riesgo la vida?
- b) ¿Qué idioma se habla o escucha en casa?
- c) ¿Cómo se comunica mejor? (Entre los ejemplos, se incluyen tener un tablero de comunicación, tomarse más tiempo, tomar descansos frecuentes, necesitar alguien paciente que lo escuche).
- d) ¿Cómo comunica mejor sus necesidades básicas (p. ej., baño, agua, alimentos, calor/frío, cansancio, etc.)?
- e) ¿Cuáles son las señales de que se está cansando o frustrando o de que necesita ayuda? ¿Cuál es la mejor respuesta para cada caso?
- f) ¿Qué es lo que tiende a provocarle ansiedad?
- g) ¿Qué lo conforta, relaja o calma (ciertos juguetes, monos de peluche, lugares)?

h) ¿Qué es lo que a otras personas les gusta de él?

i) ¿Qué es importante para él?

j) ¿Qué apoyos necesita durante el día?

k) ¿Cuáles son algunas de sus preferencias diarias?

- Ropa:
 - Tipos o telas favoritas

 - Qué evitar

- Cuidado del cabello

- Ritos:
 - A la hora de despertar

 - A la hora del baño
 -
 - A la hora de dormir

 - Necesidades fisiológicas

- Alimentos:
 - Favoritos

 - A evitar

 - Neutro

 - Frecuencia de los alimentos

- l) ¿Cuáles comportamientos son típicos?

- m) ¿Hay ciertas cosas que ocasionan que se moleste?

- n) ¿Qué es de ayuda cuando está enojado, molesto o rebelde?

- o) Médico
 - a. Expedientes y antecedentes, lo que incluye la terapia física, terapia ocupacional, evaluaciones del habla

 - b. Horario de tratamientos y el rol del padre sustituto o del proveedor

- p) ¿Ve este niño a su familia biológica? ¿Con qué frecuencia, y qué rol toma el proveedor de atención o el padre sustituto en estas visitas?

- q) Información de contacto
 - a. Familias sustitutas anteriores

 - b. Doctores

 - c. Terapia física, terapia ocupacional, otros terapeutas

 - d. Miembros seguros de la familia biológica

Esta información la proporcionó: _____

Relación con el niño: _____

(Comunicación personal, R. Alexander, 2012; y SAFE)

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Reacciones comunes de niños y jóvenes traumatizados y posibles respuestas

Lo que podría notar: cualquier cambio en la manera de que los niños y jóvenes reaccionan ante personas o situaciones, o cualquier cambio brusco en su comportamiento en general.

Qué intentar:

- Comparta sus observaciones de una manera muy neutra, y pregunta si desea hablar sobre ello. Por ejemplo:
 - *He notado que cuando te recogemos de la escuela, estás enojado. ¿Sucede algo en la escuela que te molesta?*
 - *He notado que pareces tener miedo cuando te llevo a visitar a tu familia. ¿Sucede algo que te da miedo?*
- Haga que los niños jueguen o participen en una actividad sensorial para ayudarlos a encontrar una manera de compartir. Algo tan sencillo como hacer burbujas, escuchar música o dibujar puede ayudar a calmarlos y a relajarlos. Como resultado, pueden sentirse un poco más cómodos para decir o indicar lo que desean.
- Si el niño se molesta, no fuerce el asunto, pero no lo deje por completo tampoco. Busque otra manera de obtener información. Hable con otras personas o aborde al niño en otro momento.
- Hable con otras personas en la vida del niño para ver si han notado los mismos cambios. Dele seguimiento y, si tiene cualquier preocupación de que haya abuso actualmente, repórtela a Servicios de Protección al Menor o a la policía.*

Lo que podría notar: retracción y aislamiento

Qué intentar:

- Con regularidad ofrezca al niño o joven elecciones acerca de sus actividades cotidianas, lo que puede ayudarlo a lograr un sentido de control.
- Hable al niño sin imponer. Háblele sin importar si puede o no responder verbalmente a lo que usted diga.
- Observe cuidadosamente en busca de señales de reconstrucción del abuso. Entre los ejemplos se pueden incluir señales de sexualidad avanzada para su edad; ser abusivo con otros niños, animales o adultos.
- En un entorno de residencia, identifique a uno o más miembros del personal con los cuales el niño tiene una conexión y pídale que estén al pendiente.

- Ofrezca a niños y adolescentes espacio y tiempo para procesar. Hágalos saber que usted está disponible cuando ellos estén listos para participar.
- Aliéntelos a continuar sus actividades sociales y recreativas regulares.

Lo que podría notar: mayor temor, ansiedad y/o depresión

Qué intentar:

- Proporcione previsibilidad. Tener horarios previsibles y cuidadores en quienes se pueden confiar en que harán lo que dicen que harán reconforta a niños traumatizados.
- Proteja al niño. No dude en detener actividades que molesten o sean traumatizantes, e investigue relaciones que le preocupan.
- Proporcione apoyo emocional bondadoso y gestos sencillos y amables, como preguntar: *¿Cómo estás hoy? ¿Necesitas algo?*
- Proporcione confort. Diferentes niños son confortados por diferentes cosas: apoyo emocional, una película, alimentos familiares o un espacio privado.
- De nuevo, ofrezca opciones para que los niños expresen sentimientos difíciles a través de arte, música, baile, escritura, ejercicio y deportes.
- Proporcione seguridad física a los niños. Es posible que los niños vivan con otras personas con quienes no se sienten seguros. Niños traumatizados pueden desencadenar mutuamente respuestas de mayor temor, lo que puede resultar en caos. Esté atento a incompatibilidades entre compañeros de cuarto o en residencias. Según sea necesario, haga cambios para aumentar el sentido de seguridad del niño con respecto al lugar donde vive.

Lo que podría notar: mayor enojo y agresión cuando aumenta el estrés emocional del niño.

Qué intentar:

- Cuando un niño se enoja o se torna agresivo, un instinto común para los adultos es intentar controlar y contener el comportamiento. Con frecuencia, esta intención resulta mal. Es más importante ayudar al niño a comenzar a sentirse seguro cuando se siente fuera de control, lo que puede ayudarlo a regular sus emociones.
- Cuando un niño está realmente molesto, no es buen momento para intentar enseñarle algo. En cambio, es momento para darle espacio, tranquilizarlo y alentarlo o para permitirle tiempo para reflexionar.
- Proporcione un entorno tranquilo. Retire el niño de una sobrecarga sensorial: ruidos fuertes, luces brillantes, estímulo visual.
- El estrés de adultos puede aumentar el estrés del niño. La calma de adultos, por otro lado, puede ayudar a niños disminuir su propio estrés. Baje su voz, mantenga el contacto visual y mantenga un lenguaje corporal relajado y amistoso.

- Con frecuencia, los niños reaccionan con enojo y agresión cuando sienten miedo o vergüenza. Tranquilizarlos puede ayudar a abordar esos temores. Evite luchas por el poder.
- Cuando el niño ya no esté afligido, crea una estrategia con el niño acerca de lo que sucedió y qué sería útil hacer la próxima vez.
- Modele el uso efectivo del enojo. Cuando esté enojado, asegúrese de que lo exprese de manera apropiada y que pida de manera asertiva lo que desea para cambiar la situación.
- Tenga en cuenta las señales de advertencia y desencadenantes de enojo. Cuando adolescentes pueden identificar las señales de advertencia de que su carácter comienza a alterarse, esto les permite tomar pasos para aminorar el enojo ellos mismos antes de que se pierda el control.
- Del mismo modo, reconozca que algunos niños no exteriorizan su enojo. En cambio, es posible que se lo guarden y comiencen a lastimarse ellos mismos al usar drogas, comer de más o de menos o de otras formas.
- Logre que el niño participe en la elección de una actividad que disfrutaría que podría ayudar a liberar el enojo, como correr, ciclismo, boxeo, baile, escritura, dibujo, meditación o deportes en equipo.
- Es posible que adolescentes que hayan sido expuestos a trauma se sientan inseguros acerca de sus reacciones emocionales y se preocupen por cómo estos sentimientos hacen que sean diferentes a sus pares. Aliente a los adolescentes a expresar sus sentimientos acerca del evento.
- Dé a los adolescentes espacio para retraerse. No intente forzar el proceso de sanación.
- Haga preguntas como:
 - *¿Qué te incomoda?*
 - *¿Me puedes decir qué te incomoda?*
 - *¿Cómo te sientes?*
 - *¿Qué crees que debes hacer?*
 - *¿Qué puedo hacer para apoyarte? Y luego cúmplelo.*

(Adaptado en parte de Fallot, 2011; Harvey, 2012; Robinson y Segal, 2017.)

***Para reportar el abuso de menores en Texas:**

Para emergencias o si el niño actualmente está en peligro, siempre llame al 9 1 1.

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Recursos

- Fallot, R.D., (2011). Ponencia presentada en la conferencia del Institute of Medicine. Washington, DC.
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Cómo aumentar el sentido de seguridad en los niños

Niños de todas las edades que han sufrido abuso y negligencia pueden comenzar a recuperarse al desarrollar una conexión segura y empoderadora con otra persona.

Como padre sustituto o proveedor de residencia, usted puede desarrollar entornos informados sobre traumas para ayudar a los niños a solucionar sus problemas, a sentirse seguros con ellos mismos y con usted y a hacer conexiones con otras personas.

Lo que los niños desean saber en sus interacciones con usted es:

- Seguridad: ¿estaré seguro aquí y con usted, física y emocionalmente?
- Confiabilidad: ¿puedo confiar en que me dirá la verdad y que será honesto?
- Elección: ¿podré tomar decisiones, o va usted a tomar todas las decisiones por mí?
- Colaboración: ¿me dirá qué hacer, o trabajará conmigo?
- Empoderamiento: ¿me apoyará para encontrar y usar mi propia voz?

(Adaptado de Falloot; 2011)

Estos son los cinco valores centrales de la atención informada sobre traumas. Al usar estos valores, cada interacción que tengamos con niños puede ayudar a desarrollar su sentido de seguridad y confianza.

- Seguridad y confianza.** Usted puede mostrar a los niños que es una persona segura y confiable con cada interacción: en lo que hace, lo que dice y cómo lo dice. Desde niños pequeños hasta adolescentes, todos necesitan saber que pueden confiar en que no les hará daño y que hará lo que dijo que haría, cuando dijo que lo haría.
 - Puede ayudar a los niños a sentirse seguros al mantener sus expresiones faciales y su voz calmada y relajada y al no pararse de cerca viendo el niño hacia abajo o detrás del niño.
 - Puede recordar a los niños: *Estoy aquí para mantenerte seguro. Puedes pedirme ayuda. Está bien pedir ayuda.*
 - Crear una conexión a través de interacciones seguras lleva tiempo y recordatorios regulares para el niño de que usted está ahí para apoyarlo.
- Elección.** Siempre que sea posible, ofrezca a los niños la opción de involucrarse en elecciones y decisiones reales acerca de sus vidas.
 - Ejemplos para niños más pequeños: *puedes prepararte para tu baño o puedo ayudarte a prepararte. Puedes elegir una actividad (asegúrese de ser específico) por tu cuenta o puedo ayudarte a elegirla.*
 - Ejemplos de elecciones para adolescentes pueden incluir:

- a cuáles trabajos solicitar empleo (si no interfiere con la escuela, dormir o lo que sea importante para su familia o agencia);
- elegir los quehaceres que hacen, siempre y cuando se hagan antes de cierta hora; cuándo estudiar, solo tiene que suceder antes de la hora de dormir, etc.; y
- qué clases tomar y en qué actividades escolares participar.

Pregúntese qué ayudaría a los niños en cada situación, con base en lo que sabe acerca de sus fortalezas. Por ejemplo, si sabe que el niño tiene dificultades con transiciones, pídale que le ayude con la preparación para la hora del baño o para ir a la escuela eligiendo su ropa o, para niños mayores, conversen sobre lo que haría que la transición fuera menos problemática.

□ **Colaboración.** Este paso puede comenzar cuando los adultos reconozcan y entiendan cuánto afecta el trauma al desarrollo, comportamiento y capacidad para salir adelante de los niños.

- Trabaje con el niño para aumentar sus habilidades para salir adelante preguntándole qué es lo que lo hace sentirse seguro o con menos miedo. Los niños tienden a sentirse más seguros cuando sus días son previsibles y tienen control sobre algunos aspectos de lo que hacen.
- Ofrezca a los niños una oportunidad para trabajar juntos para establecer nuevas rutinas. **Ejemplos:** *cuándo almorzar o cenar, si hacer su tarea antes o después de cenar, si se bañan o duchan en la mañana o en la noche o a dónde ir a pasear.*
- Si un niño o joven le dice que no a una petición, pregúntele qué es lo que hace que no lo quiere hacer y luego trabajen juntos para encontrar una solución a un problema o encontrar una nueva manera de realizar una tarea. Para niños pequeños, deles un poco de tiempo y diga que los ayudará a intentar de nuevo en unos minutos.
- Cuando niños traumatizados no quieren hacer algo o se niegan a hacer algo y parecen haberse *desconectado*, es posible que estén en estado "congelado", en el que su sistema nervioso ha entrado en un estado protector de cerrarse. Un ejemplo es niños que no quieren bañarse o entrar a ciertas habitaciones porque asocian la actividad o el lugar con el trauma.
- Niños de todas edades pueden aprender técnicas de respiración y orientación para ayudarlos a salir adelante en estas situaciones. Siéntase con el niño o adolescente y haga un ejercicio de respiración sencillo. Recuérdale que está seguro y que no está solo. Pídale que note cosas en la habitación que lo oriente al momento en el presente.
- Realice con el niño una lluvia de ideas para posibles soluciones. Para el ejemplo anterior, si los niños le tienen miedo a un baño, quizás estén dispuestos a usar otro, si está disponible. Quizás quieran que usted permanezca en el baño con ellos o que se siente afuera de la puerta. Es posible que juguetes de bañera, jabones con aroma o una toalla esponjosa los reconforte.

- Puede usar las mismas técnicas para adolescentes que se niegan a ir a la escuela o con doctores o a hacer su tarea. Sin avergonzar, culpar ni juzgar al adolescente, pregúntele qué es lo que está pasando y qué es lo que haría que la situación fuera aceptable para él.
 - Cuando el niño esté luchando con una situación, ofrézcale un espacio tranquilo para regular sus emociones. Haga saber al niño o adolescente que no están metidos en problemas. Quizás quiera que se sienta con él o quizás quiera algo de espacio. Usted puede modelar este comportamiento también; cuando se sienta abrumado, explique que necesita un poco de tiempo para tranquilizarse y tome un descanso. Sin embargo, algunos niños necesitarán algo más activo, como dibujar, hacer garabatos, escribir, caminar.
 - Permita más tiempo para las transiciones de una cosa a otra (del hogar a la escuela, de una cita médica al hogar) y ofrezca recordatorios frecuentes acerca de lo que va a suceder. Crear ritos diarios y ritos de familia puede ayudar a los niños a pasar de una actividad a otra con más facilidad.
- **Empoderamiento.** Enfatique las fortalezas de los niños en lugar de los síntomas de problemas emocionales o conductuales. Destaque lo que los niños hacen bien o realmente disfrutan. Comparta cuando han tomado buenas decisiones. *Eres muy amable con tus amigos. He notado que eres feliz cuando _____.* *Hiciste una buena elección cuando _____.*
 - Escuche lo que el niño o joven diga sin corregirlo o sin discutir con lo que diga. Encuentre maneras de incorporar sus comentarios en decisiones o eventos.
(Adaptado en parte de Harvey, 2012; Purvis, 2014 y SAFE, 2017.)

Consejos para desarrollar seguridad y conexión con niños

- *Proporcione uniformidad:* tener un horario confiable es de gran ayuda para los niños que han vivido en entornos caóticos. Programe las rutinas para la misma hora cada día, como bañarse, comer y vestirse. Además, elija una hora específica durante cada día para ver cómo están: después de la escuela, durante la cena, antes de ir a la cama.
- *Limite las distracciones:* cuando hable con niños o jóvenes, deje a un lado su celular, apague la televisión y enfoque su atención en ellos. Vaya a un espacio donde haya pocas distracciones y ruidos.
- *Mantenga el contacto visual:* mantener el contacto visual es una forma de conexión. Sin embargo, a algunos niños con discapacidades o con historial de trauma se les dificulta el contacto visual. En ese caso, siga la pauta del niño sobre cuánto contacto visual establecer y conéctese con el niño de otras maneras, a través de dibujar, colorear, escuchar música, etc.
- *Parafrasee:* resuma lo que escuchó para asegurarse de que usted entienda y de que el niño sepa que usted entiende. *Me estás diciendo que no te gusta _____.*

- *Valide*: la validación también juega un papel al ayudar a los niños a sanar. *Veo que estás enojado y eso está bien. Escucho que estás frustrado ...*
- *Use preguntas parciales*: enfóquese en preguntas parciales, en lugar de preguntas totales que únicamente piden una respuesta de *sí o no*. Ejemplo: *Dime cómo... ¿Cómo fue tu primer día?* Una excepción son las preguntas que comienzan con "por qué", que tienden a hacer que todos los niños se sientan a la defensiva.
- *Esté atento a señales de estrés*: preste atención a información no verbal, así como a la verbal. Puede aprender a reconocer señales de estrés y ansiedad al observar niños en diversas interacciones. También puede aprender cuáles respuestas podrían ser más efectivas. *Parece que no quieres ir a la escuela. Últimamente no has querido comer con todos los demás. ¿Sabes lo que te está pasando?*

(Adaptado en parte de Harvey, 2012 y SAFE.)

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- Robinson, L. y Segal, J. (2017, abril). *Help for parents of troubled teens (Ayuda para padres de adolescentes afligidos)*. Help Guide (Guía de ayuda). Obtenido de www.helpguide.org/articles/parenting-family/helping-troubled-teens.htm

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El plan de seguridad

Los planes de seguridad son similares a tener un plan de seguridad en caso de incendio, desastre natural o emergencia médica, las familias y los cuidadores pueden también desarrollar un plan de seguridad para los niños que corren el riesgo de abuso o agresión. Un primer paso es dialogar con los niños sobre la seguridad durante la vida diaria. La enseñanza de estos conceptos es un proceso continuo.

Un plan de seguridad para un niño sería tener un adulto protector que ayuda a mantenerlo fuera de situaciones abusivas o violentas, darse cuenta de comportamientos inusuales en los niños que podrían estar vinculados al sufrimiento o trauma, y luego hace preguntas sobre lo que podría estar pasando.

*(Los siguientes consejos fueron adaptados de ¡Basta **Hoy!** (Stop it **Now!** y SAFE.)*

Identificar a quien pedirle ayuda. Los niños deben saber que personas en su vida cotidiana son seguras y podrían ayudar si surgen problemas o están en peligro. También deben saber en quien puede confiar en la comunidad.

Los niños con necesidades especiales generalmente pasan tiempo en casa, en el autobús, en agencias de servicios de necesidades especiales y en las escuelas o guarderías. Para cada situación, identifique o ayude al niño a identificar a varias personas a quien podría pedir ayuda. La gente en esta lista cambiará con el tiempo.

Enseñar a los niños qué es aceptable e inaceptable. Ya que la mayoría de los niños son abusados por personas que conocen, la enseñanza sobre el abuso debe ir más allá del concepto de peligro desconocido. Los niños deben aprender que hay cosas que los adultos, otros niños o hermanos no les deben hacer, ni que ellos deben hacerles a otras personas. Algunos tipos de contacto físico son correctos, como un beso de buenas noches de mamá o papá, o exámenes médicos. Algunos no lo son, como golpear, tirar del pelo, tocar los genitales, los glúteos o senos sin permiso de otra persona. Los padres y cuidadores pueden ayudar a los niños a aprender que ellos tienen algún control sobre lo que le ocurre a sus cuerpos pidiéndoles permiso o diciéndoles lo que va a pasar antes de tocarlos: ¿Te puedo abrazar? Ahora te voy a cambiar el pañal.

Sea un modelo y utilice la disciplina positiva y alternativas a azotar o avergonzar.

Practique la seguridad en diferentes contextos y con diferentes personas. Uno de los padres había hablado acerca de la seguridad con su hija en muchas ocasiones. Sin embargo, después de que su hija fuese agredida sexualmente, este padre se dio cuenta de que no había planteado técnicas de seguridad en entornos reales donde la hija pasa su tiempo.

Después del asalto, esta madre y su hija confiaron en alguien de confianza para practicar en situaciones reales. Ella practicó el decir no firmemente y con voz fuerte, alejarse rápidamente y contarle a alguien lo sucedido.

Pregunte a algunas de las personas seguras en la vida de su niño si están disponibles para que el niño puede practicar cómo pedir ayuda en diferentes contextos. Esta experiencia puede hacer la búsqueda de ayuda más fácil para los niños cuando hay una necesidad real.

Enfatice que *está bien pedir ayuda* y que *la mayoría de la gente necesita ayuda a veces* cuando usted se da cuenta que su niño lucha con un problema o tarea. Estas declaraciones pueden recordarles a los niños que también pueden buscar ayuda cuando se trata de abuso.

Preste atención. Escuche lo que su niño le dice, sobre todo si esta incómodo. Observe signos de cambios en el comportamiento y emociones o retiro. Si su niño comparte o indica por su comportamiento que está incómodo con un cuidador u otra persona en su vida, tome nota. Observe la situación y haga preguntas. Si el niño continúa sintiéndose incómodo o le preocupa a usted, considere cambiar de cuidador.

No se deje llevar por el pensamiento que los niños están perfectamente seguros en ambientes segregados como programas educativos u hogares de grupo para niños y jóvenes con necesidades especiales. El abuso puede ocurrir en cualquier lugar. Cuanto más aislado está el niño y menos personas estén mirando, hay más oportunidades para que el abuso suceda.

Como trabajar con cuidadores personales.

- *Aliste la ayuda del cuidador.* Comparta información con los cuidadores acerca de la prevalencia y los signos de abuso sexual en la vida de los niños con necesidades especiales (enlace a señales de maltrato.) Hágales saber qué información acerca de la sexualidad está compartiendo con su hijo, qué medidas de seguridad está tomando, y cómo pueden ayudar.
- *Observe al cuidador.* Cuando se contratan proveedores de cuidado personal, deje claras sus expectativas, verifique referencias y antecedentes, y proporcione retroalimentación y supervisión permanente. Pase tiempo con su niño y sus cuidadores, y si hay algo en la interacción que le hace sentirse incómodo o incómoda, preste atención a sus instintos.

Si su hijo vive en un hogar de grupo o institución, conozca a la administración y personal de atención directa. Visite a menudo. Una vez más, confíe en sus instintos y sentimientos acerca de la seguridad del niño y deje claro sus preocupaciones si usted piensa que puede haber problemas.

Proteja la privacidad de los niños y los límites. Si su hijo necesita asistencia personal para ir al baño o para cambiarse en la escuela o la guardería, verifique si el cuarto de cambio o baño ofrece privacidad para los estudiantes. Asegúrese que usted y su niño están cómodos con personal responsable de la higiene de su niño. Hable con los cuidadores en compañía de su hijo sobre privacidad y qué límites son importantes para la seguridad de su niño.

Proporcione ejemplos.

Consejos de seguridad. Plantee formas para responder a situaciones dañosas o peligrosas, incluyendo:

- Huir de la situación o la persona si es posible
- Ignorar a la persona a menos que sea peligrosa
- Pedir ayuda
- Quedarse con otras personas en situaciones desconocidas
- Decirle a la persona que pare
- Obtener ayuda de alguien en quien confía

Como comunicar el abuso. Ayude a los niños a saber identificar si está ocurriendo algo que no está bien. Los niños que requieren ayuda ir al baño, bañarse y vestirse, y que no tienen una manera de comunicarse mediante lenguaje oral o dispositivos de ayuda, pueden utilizar un código de alerta con sus padres o tutores. Una sola palabra, un movimiento o gesto pueden significar que algo sucedió que no se siente seguro o bien.

Modernice el aparato de comunicación de su hijo. Si su niño usa un aparato de comunicación o un tablero de comunicación, asegúrese de que incluye palabras o símbolos para comunicar la seguridad personal. Palabras y símbolos comunes incluyen los órganos genitales masculinos y femeninos, senos y glúteos; y palabras o símbolos para golpear, dar puñetazos, presionar, nalgadas o tocar. Otras posibilidades incluyen un interruptor con un mensaje pre-grabado, un silbato u otro dispositivo de alarma personal para señalar emergencias.

Provea oportunidades para la toma de decisiones. Hable con los niños sobre sus derechos. Explíqueles que los padres y otros adultos toman muchas decisiones en su nombre, pero que los niños también pueden tomar decisiones. Proporcione oportunidades cada día para que los niños tomen decisiones. Este dispuesto a negociar, a veces, cuando usted no está de acuerdo. Esto les permitirá practicar los límites de ajuste. Tenga en cuenta que los niños obedientes son objetivos fáciles para el abuso

Edúquese a sí mismo y a su niño acerca de la sexualidad

Aprenda sobre desarrollo sexual de los niños para saber qué esperar. Los niños con necesidades especiales pueden desarrollarse en algunas áreas de la sexualidad según su edad de desarrollo y en algunas áreas según su desarrollo cognitivo o emocional.

Pídale a la escuela de su niño que le proporcione herramientas para la prevención del abuso, la educación para la sexualidad y habilidades de seguridad personal para reforzar los conceptos enseñados en el hogar.

Enseñe a sus niños información sobre sexualidad y seguridad adecuada a su edad y etapa de desarrollo.

Aprenda sobre la seguridad en el Internet. Si su niño usa internet, entable conversaciones sobre la información que es segura compartir y la que no y por qué. Aprenda más sobre la seguridad cibernética y comparta lo que ha aprendido. Algunos padres vigilan el uso del Internet y teléfono celular de sus niños, y otros no. Sin embargo, si usted monitorea su uso, se recomienda que usted permita que su niño sepa que lo está haciendo y sus razones.

Busque apoyo. Si su niño ha sido abusado, considere buscarle ayuda tanto para él como para la familia a través de:

- una [agencia de crisis local para víctimas de violación](#)
- [Centro de apoyo para menores](#)

Denuncie el abuso y sospechas de abuso. Llame al 9-1-1 si hay peligro inmediato. Haga un informe de cualquier sospecha de abuso, negligencia o explotación en la línea de admisión de abuso de menores en vigor para todo el estado las 24 horas del día, siete días a la semana: **1-800-252-5400**.

Aproveche las oportunidades para enseñarle a su niño conforme la etapa de desarrollo del mismo. Base la información que comparta en cómo el niño crece y se desarrolla, empiece con la seguridad física, luego la seguridad personal y los límites y después pase a los noviazgos, las relaciones sexuales y como gestionar a los asistentes de cuidado personal, según corresponda.

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Evaluation Forms

Pre- and Post-training Questionnaire and/or Standard Evaluation Form

This guide offers two evaluation options.

Measuring learning. If you wish to measure how much information your audience learned from the training, you can ask training participants to complete take a short questionnaire before and directly after the training. The pre-and-post questionnaires follow, as does the answer key.

Measuring overall response to the training. If you wish to measure audience overall response to the training and the training facilitator(s), use the sample evaluation form, or your own training evaluation form.

All Children Safe at Home **Pre-Training Questionnaire**

1. Children with disabilities experience abuse at about the same rates as children without disabilities. *True or False?*
2. After a child has disclosed abuse, it is important to get all the details about what happened before reporting it to the police or Child Protective Services. *True or False?*
3. A safety strategy for children with communication disabilities would be to adapt communication devices to include language about abuse. *True or False?*
4. Skin breakdown can be both a sign of abuse and a disability-related symptom. *True or False?*
5. Bruises located on the back of legs and torso are more likely to have been caused by physical abuse than by an accident or fall than bruises on other parts of the body. *True or false?*
6. Children who are lonely often lie about abuse as a way to get attention. *True or False?*
7. To make the child feel safer after they've told you about abuse, it is important to let them know that the abuse will never happen again. *True or False?*
8. Trauma can affect a child's memory, attention, language, and development. *True or False?*
9. Pre-teen children with disabilities are much less likely to need sexuality education than pre-teens with disabilities. *True or False?*
10. Children with disabilities should know which people in their everyday lives are safe. *True or False?*
11. Children with disabilities may not tell anyone about the abuse because they feel guilty for letting the abuse happen. *True or False?*

All Children Safe at Home **Post-Training Questionnaire**

1. Children with disabilities experience abuse at about the same rates as children without disabilities. *True or False?*
2. After a child has disclosed abuse, it is important to get all the details about what happened before reporting it to the police or Child Protective Services. *True or False?*
3. A safety strategy for children with communication disabilities would be to adapt communication devices to include language about abuse. *True or False?*
4. Skin breakdown can be both a sign of abuse and a disability-related symptom. *True or False?*
5. Bruises located on the back of legs and torso are more likely to have been caused by physical abuse than by an accident or fall than bruises on other parts of the body. *True or false?*
6. Children who are lonely often lie about abuse as a way to get attention. *True or False?*
7. To make the child feel safer after they've told you about abuse, it is important to let them know that the abuse will never happen again. *True or False?*
8. Trauma can affect a child's memory, attention, language, and development. *True or False?*
9. Pre-teen children with disabilities are much less likely to need sexuality education than pre-teens without disabilities. *True or False?*
10. Children with disabilities should know which people in their everyday lives are safe. *True or False?*
11. Children with disabilities may not tell anyone about the abuse because they feel guilty for letting the abuse happen. *True or False?*

All Children Safe at Home
Pre- and Post-Training Questionnaire Answer Sheet

1. Children with disabilities experience abuse at about the same rates as children without disabilities. *True or False?*

Answer: *False.* While studies vary, according to a recent national survey, children with disabilities in general are approximately four times more likely to be abused than children without disabilities.

2. After a child has disclosed abuse, it is important to get all the details about what happened before reporting it to the police or Child Protective Services. *True or False?*

Answer: *False.* All adults in Texas are required to report child abuse if they know or *suspect* that abuse occurred. It is best to get enough information to make a report, and then leave the questioning to trained professionals. If a child has to repeat the details over and over, not only is it more traumatizing, but they may begin to try to please adults with their answers. Their memory of what happened may also become less clear with each telling.

3. A safety strategy for children with communication disabilities would be to adapt communication devices to include language about abuse. *True or False?*

Answer: *True.* Many communication devices do not contain words that will allow children to report abuse. Recommended phrases to include are body parts, including *breasts, buttocks, penis, vagina*, and words that convey abuse, such as *hitting, pushing, pulling, punching, hiding, secret.*

4. Skin breakdown can be both a sign of abuse and a disability-related symptom. *True or False?*

Answer: *True.* Some skin breakdowns can be a sign of medical neglect, for failing to reposition children who spend most of their time in their bed or wheelchair, but it can also be a disability symptom. Other disability symptoms that can be difficult to tell apart from abuse symptoms include failure to thrive, fractures, and sensory integration issues.

5. Bruises located on the back of legs and torso are more likely to have been caused by physical abuse than by an accident or fall than bruises on other parts of the body. *True or false?*

Answer: *True.* Although bruises from accidents can occur anywhere, bruises caused by falling often appear at the front of legs and elbows. Look for unusual bruising that cannot be explained, including bruising that shows up on both sides of the body, such as the arms or face, which can occur from grabbing the child with both hands.

6. Children who are lonely often lie about abuse as a way to get attention. *True or False?*

Answer: *False.* Although children may not understand that what happened to them is wrong, they rarely lie about abuse. In addition, children frequently disclose abuse and then take it back, even when the abuse did happen. The child may be frightened, want life to return to normal, want their abusing parent to come home, or have other reasons for saying it didn't happen.

7. To make the child feel safer after they've told you about abuse, it is important to let them know that the abuse will never happen again. *True or False?*

Answer: *False.* Although we want the child to be safe from now on, we cannot guarantee it. If we say it won't happen again, and then it does, the child will feel betrayed all over again. What we can tell the child is that people will be doing everything they can to keep them safer.

8. Trauma can affect a child's memory, attention, language, and development. *True or False?*

Answer: *True.* Trauma such as child abuse or witnessing domestic violence can affect children's behavior, cognition, emotions, and relationships – including the way their brain and nervous system mature.

9. Pre-teen children with disabilities are much less likely to need sexuality education than pre-teens without disabilities. *True or False?*

Answer: *False.* All children need early education about sexuality and safety so they know what is okay and not okay. Children with disabilities, who may have multiple

caregivers providing intimate care, need to know the difference between a sexual touch and a nonsexual one. Provide education that fits the child's developmental stage.

10. Children with disabilities should know which people in their everyday lives are safe. *True or False?*

Answer: *True.* One part of safety planning is for children with disabilities to know who they can go to when something happens that does not feel right or when they are afraid or need help.

11. Children with disabilities may not tell anyone about the abuse because they feel guilty for letting the abuse happen. *True or False?*

Answer: *True.* A common reaction to child abuse is guilt, particularly if the perpetrator tells the child that what is happening is special, or that it's their fault.

Evaluation Form

Your Organization: _____ Training Date: _____

Name of Presentation: _____

1. To help evaluate today's presentation, please rate this session.

	Poor	Fair	Good	Very Good	Excellent
Trainer's knowledge of topic					
Effective responses to questions					
How well did the trainer hold your interest?					

2. Do you have an increased awareness of the following topics?

Risks of abuse of children with disabilities?

- Yes
- No

How to recognize abuse and neglect of children with disabilities?

- Yes
- No

How to respond to children with disabilities who have been abused/neglected?

- Yes
- No

Strategies for increasing safety for children with disabilities?

- Yes
- No

3. Would you like information as a follow-up to this training or additional training? (If yes, please describe your training needs and include your name, address, telephone number and/or email address.)

5. Will the information or suggestions made in today's presentation be useful in your personal or professional life?

- Yes
- No

Please make any additional comments, suggestions or questions on the back of this page.

References

Levine, P. & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing*. Berkley, Ca: North Atlantic Books.

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About SAFE

SAFE is a merger of Austin Children's Shelter and SafePlace, both long-standing and respected human service agencies in Austin. SAFE serves survivors of sexual assault and exploitation, child abuse, and domestic violence. Our goal is ambitious and simple: stop abuse for everyone. Learn more about our services, programs, and locations at safeaustin.org

Since its establishment as a program in 1996, SAFE's Disability Services has been nationally recognized as one of the primary leaders in the field of domestic violence and sexual assault prevention and intervention for people with disabilities. Program staff members have provided training and education on topics related to violence against people with disabilities to more than 78,000 people with disabilities and their family members, disability professionals, crisis service professionals, child advocacy professionals and criminal justice professionals.